

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bachman Mills</i>		<i>Birch</i> County		MARYLAND	
Date of death	1909	Month	Oct	Day	7
Sex	Male	Color or Race	White	Years	
Occupation		Birth-place	Bachman Mills	Months	
Where Residing if not at place of death					
<del>Married, Single or Widowed</del>		<del>Name of Wife or Husband</del>			
Father's Name	Char G. Birch			Father's Birthplace	Carroll County
Mother's Maiden Name	Dreene R. Stancer			Mother's Birthplace	Unknown
Name of person giving Information	Char G. Birch			How related to deceased	Father

CAUSES OF DEATH

Primary	<i>Still Born</i>	How long	(S) ✓
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Sherman M.D.</i>		
	Address <i>Manassas - Md</i>		
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Hatter Russell Colson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dennings</i>		County <i>Canoll</i>		MARYLAND	
Date of death	1909	Month	10	Day	30
Age		Years		Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation		Where Residing if not at place of death <i>Dennings, Md.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Wm. F. Colson</i>		Father's Birthplace <i>Canoll Co., Md.</i>			
Mother's Maiden Name <i>Effie Green</i>		Mother's Birthplace <i>Canoll Co., Md.</i>			
Name of person giving information <i>Wm. F. Colson</i>		How related to deceased <i>Father.</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Gastro-enteritis</i>	How long	<i>Month</i>
Immediate	<i>Cardiac insufficiency</i>	How long	<i>24 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>L. A. T. Lerouk</i>	
		Address <i>Taylorville, Md.</i>	
Accident or Suicide?			

Baile's

Name in Full		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died <i>near</i> <i>Winfield</i> <small>Town</small>			<i>Carroll</i> <small>County</small>		MARYLAND		
		Date of death <i>1909</i>		Month <i>10</i>		Day <i>5</i>		Age <i>22</i>	
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
		Occupation <i>House work</i>			Where Residing if not at place of death <i>near Winfield Md.</i>				
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
		Father's Name <i>Augustus Cook</i>				Father's Birthplace <i>Carroll Co., Md.</i>			
		Mother's Maiden Name <i>Martina Hammond</i>				Mother's Birthplace <i>Carroll Co., Md.</i>			
		Name of person giving information <i>Augustus Cook</i>				How related to deceased <i>Father</i>			
PHYSICIAN OR CORONER		CAUSES OF DEATH							
		Primary <i>Cold in Puerperal</i>				How long <i>3 days</i>			
		Immediate <i>General Septicemia</i>				How long <i>4 days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>E D Crook</i>			
		Address <i>Winfield</i>				Md.			
Accident or Suicide?									

Fairview,

Name  
in  
Full

Clara E. Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Uniontown</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1909	Month <i>Oct</i>	Day <i>26</i>	Age <i>34</i>	Months <i>—</i> Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Uniontown</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. N. Davis</i>				
Father's Name <i>Frank. Bowers</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Virginia Z. Stibbel</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Geo. Blonaker</i>	How related to deceased <i>no</i>				

## CAUSES OF DEATH

27

✓

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 yrs.</i>
Immediate	How long

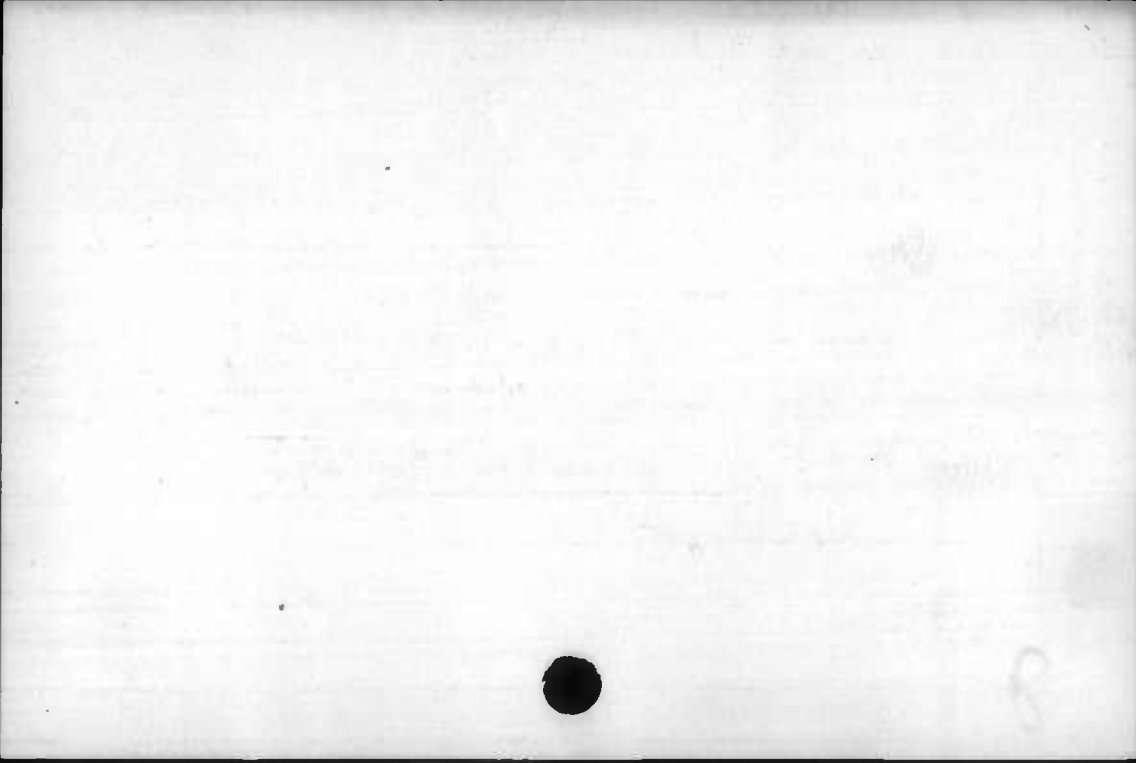
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Leah Keuff*  
*Uniontown Ind.*

Accident or Suicide?





Name  
in  
Full

Ernest L Diehl

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

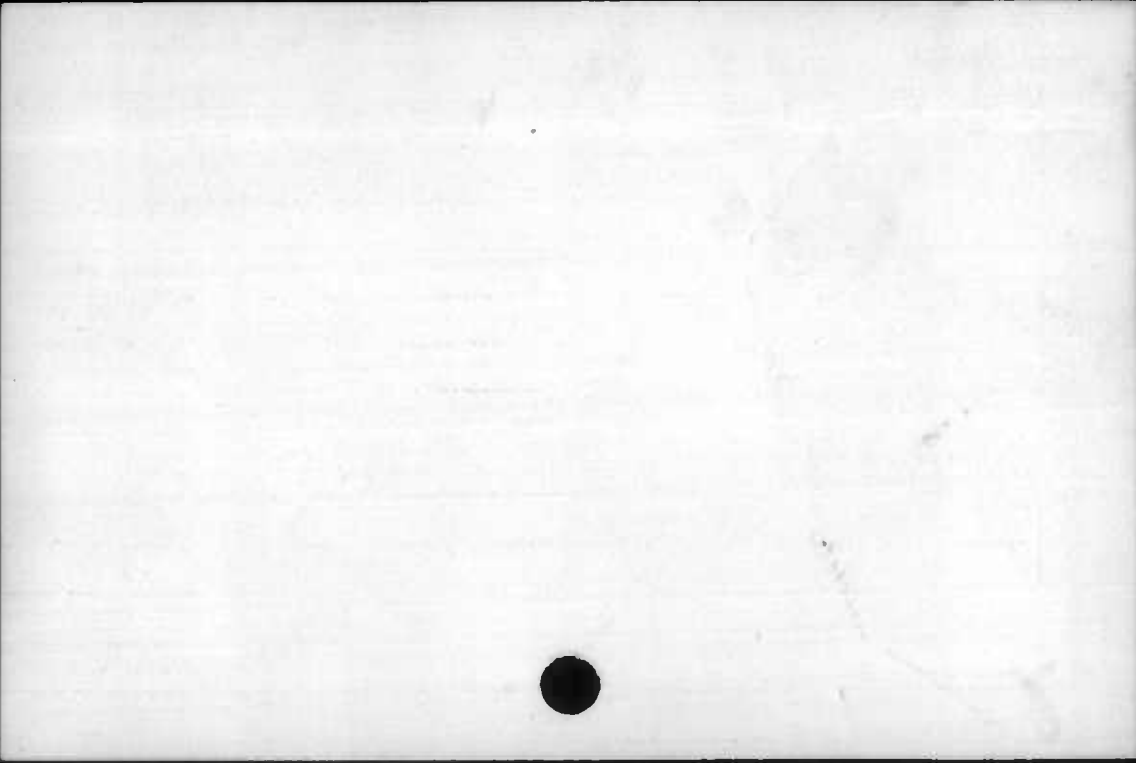
Died at		Town Mabelgrove		County Carroll		MARYLAND	
Date of death		1909	Month October	Day 21	Age	Years 4	Months —
Sex male		Color or Race White		Birth- place Mabelgrove Md			
Occupation				Where Residing if not at place of death Mabelgrove			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name John A Diehl				Father's Birthplace York County Pa			
Mother's Maiden Name Mary E Whineholt				Mother's Birthplace Baltimore Md			
Name of person giving In formation John L Diehl				How related to deceased Father			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Cholera/autism	How long	Six weeks
Immediate	Compulsions	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Reslow MD	
		Address Hampstead Md	
Accident or Suicide?			



Name  
in  
Full

Laurence Dorsey  
Town Westminister County Carroll

530  
CERTIFICATE OF DEATH

MARYLAND

Died at  
Date of death 1909 Oct. 18 Age 12  
Month Day Years Months Days

Sex male Color or Rece colored Birth-place Maryland  
Occupation

Where Residing if not  
at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name George L. Dorsey

Father's Birthplace Maryland

Mother's Maiden Name Ada Hill

Mother's Birthplace Maryland

Name of person giving Information George L. Dorsey

How related to deceased Father

CAUSES OF DEATH

Primary Typhoid Fever

How long 3 weeks

Immediate Hemorrhage of bowels

How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Jas. H. Billingslea M.D.  
Westminister Md

Accident or Suicide No

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ellsworth County

Stoner

Where buried

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

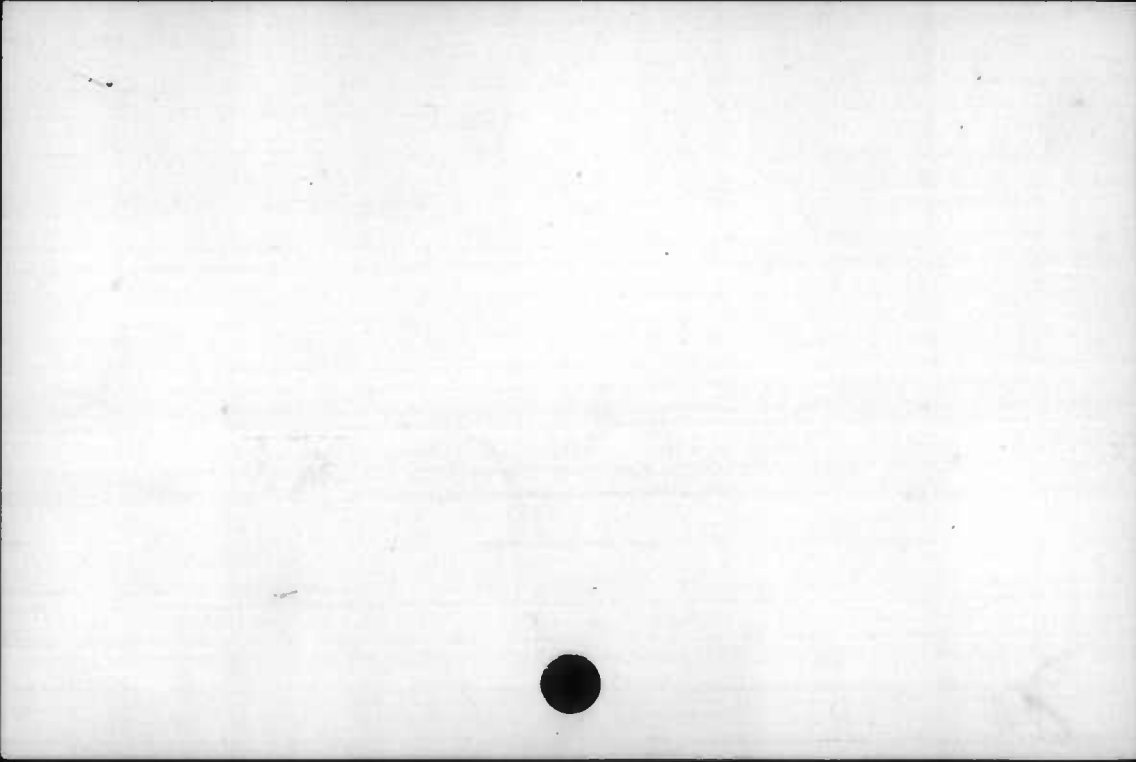
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Oct	2	70		4	28
Sex	Female		Color or Race	White		Birth-place	Carroll Co
Occupation	Housewife		Where Residing if not at place of death		Home		
Married, Single or Widowed	Widowed		Name	Wife or Husband	Jessiah Dutser		
Father's Name	Michael Sholl		Father's Birthplace	Maryland			
Mother's Maiden Name	Sarah Dyserdt		Mother's Birthplace	Littlestown			
Name of person giving information	Zenora Dutser		How related to deceased	Daughter			

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary	Diabetes Mellitus	How long	9 months
Immediate	Acute nephritis of the foot and gangrene	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. Lewis Wetzel M.D.
		Address	Union Mills Maryland
Accident or Suicide?			



Name  
in  
Full

Susanah E. Easton.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Winfield* <sup>County</sup> *Carroll*

Date of death *1909* Month *10* Day *20* Age *71* Months *5* Days *19*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Domestic* Where Residing if not at place of death *Winfield, Md.*

Married, Single or Widowed *Widow* Name of Wife or Husband *Johnnie Easton (deceased)*

Father's Name *James A. Barker (deceased)* Father's Birthplace *Carroll Co., Md.*

Mother's Maiden Name *— Study (deceased)* Mother's Birthplace *N. Y.*

Name of person giving information *James A. Easton* How related to deceased *Son*

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *Atrophic Degeneration* How long *two yrs.*

Immediate *Senile Exhaustion* How long *10 "*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E O Cronk*

Address *Winfield Carroll Co.*

Accident or Suicide? ☐

Ebringer,



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

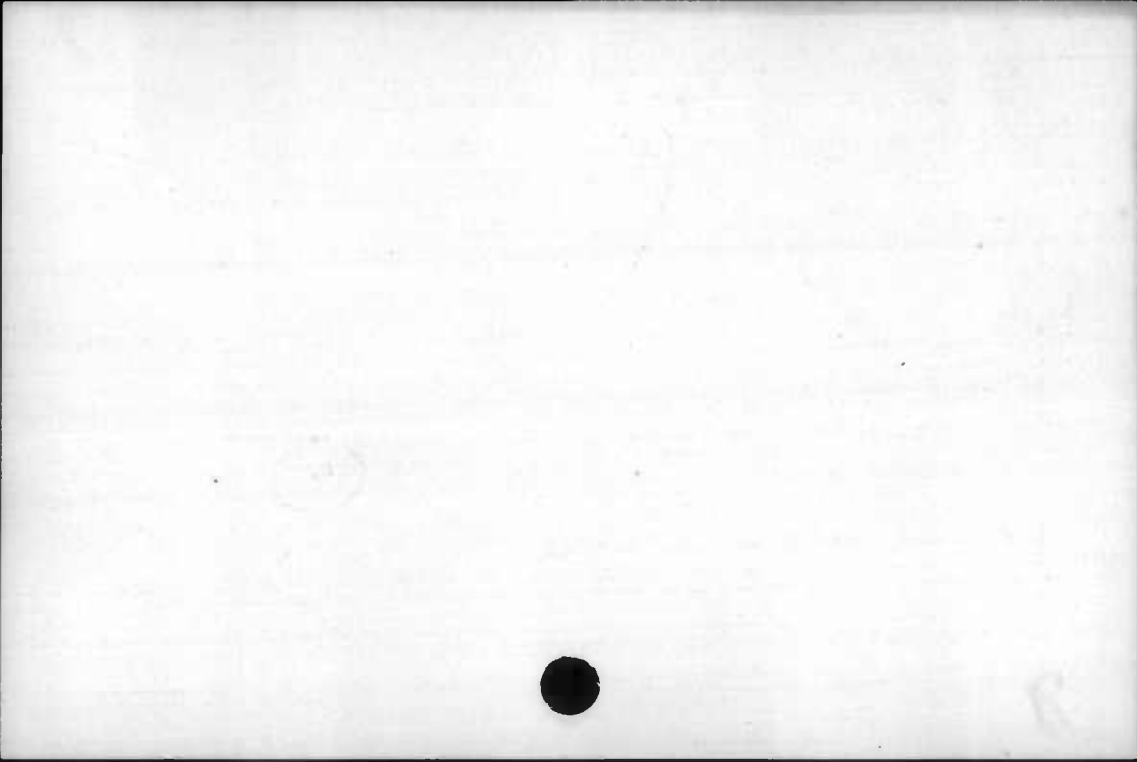
Name in Full <i>Idea P. Englar</i> ✓		Town <i>Medford</i>		County <i>Cornell</i>		MARYLAND	
Died at <i>Medford</i>		Month <i>Oct</i>		Day <i>20</i>		Years <i>50</i>	
Date of death <i>1909</i>		Month <i>Oct</i>		Day <i>20</i>		Age <i>50</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Id</i>		Months <i>7</i>	
Occupation <i>No special occupation. Helped</i>		Where Residing if not at place of death <i>Medford</i>		Months <i>7</i>		Days <i>1</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>with outdoor work</i>		Months <i>7</i>		Days <i>1</i>	
Father's Name <i>John Englar</i>		Father's Birthplace <i>Id</i>		Months <i>7</i>		Days <i>1</i>	
Mother's Maiden Name <i>Elizabeth Harris</i>		Mother's Birthplace <i>Id</i>		Months <i>7</i>		Days <i>1</i>	
Name of person giving information <i>Mrs Ella Roberts</i>		How related to deceased <i>sister</i>		Months <i>7</i>		Days <i>1</i>	

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Cancer of liver</i>		How long <i>Seven months</i>	
Immediate <i>Exhaustion</i>		How long <i>Two weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>G. H. Brown</i>	
yes		Address <i>New Windsor</i>	
Accident or Suicide?			



Name  
in  
Full

528  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John H Gerke* Town *Westminster* County *Carroll* MARYLAND  
Died at *Westminster*  
Date of death 190 *9* *Oct* Month *16* Day Age *67* Years Months *10* Days *11*  
Sex *Male* Color or Race *White* Birth-place *Germany*  
Occupation *Restaurant* Where Residing if not at place of death  
Married, Single or Widowed *Married* Name of Wife or Husband *Mary Elizabeth Stansbury*  
Father's Name *decent know* Father's Birthplace *Unobtainable*  
Mother's Maiden Name *Martha G Buzzers* Mother's Birthplace *Germany*  
Name of person giving Information *Mary E. Gerke* How related to deceased *Wife*

CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary *Congestion Lung* How long *24 hours*  
Immediate *Heart Failure* How long  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. J. Coonan M.D.*  
Address *Westminster*

Accident or Suicida

Shaver  
Whitman's Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield State Hosp.</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1909 Oct 1st</i>		Age <i>70</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving Information <i>Hosp. Records</i>		How related to deceased			

## CAUSES OF DEATH

104 ✓

PHYSICIAN  
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>12 yrs.</i>
Immediate <i>Acute Gastritis</i>	How long <i>1 day</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Snavely</i>
	Address <i>Springfield State Hosp. Sykesville, Md.</i>
Accident or Suicide	



Name  
in  
Full

CERTIFICATE OF DEATH

Elizabeth Haley

MARYLAND

Died at *Middleburg* Town *Carroll* County

Date of death *1909 Oct 31* Age *96* Months *3* Days *18*

Sex *Female* Color or Race *White* Birth-place *Frederick Co Md*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Lawrence Haley*

Father's Name *John Hagerbaugh* Father's Birthplace *Unknown*

Mother's Maiden Name *Elizabeth Koch* Mother's Birthplace *Unknown*

Name of person giving Information *Emma, Lynn* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Leysentery* - *14* *6 days*  
How long

Immediate *Collapse* -

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*James Hall*  
*Union Bridge*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Gorman Baptist Cemetery  
Rocky Ridge



Name  
in  
Full

Margaret M. Hopkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

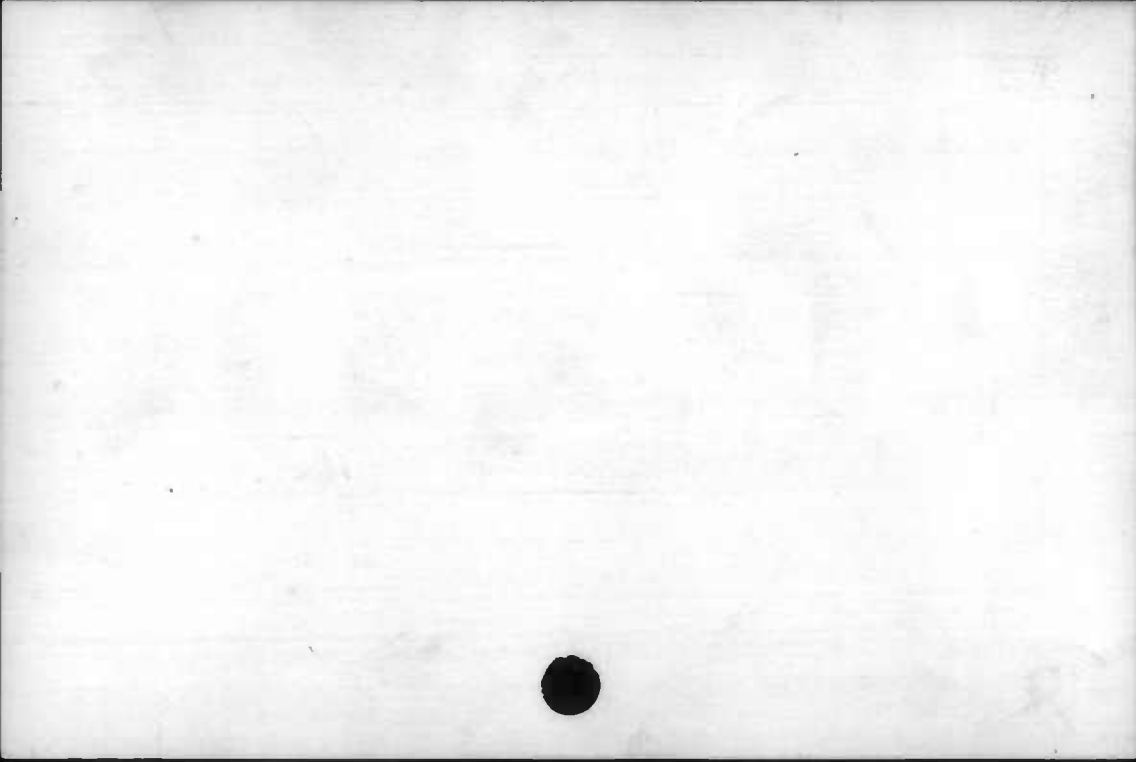
Died at		Town Putney		County Carroll		MARYLAND	
Date of death		1909	Month Oct.	Day 8	Age Years 7	Months —	Days 6
Sex Female		Color or Race White		Birth- place Annapolis Md			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name R. E. L. Hopkins		Father's Birthplace Annapolis Md					
Mother's Maiden Name Kate B. Macer		Mother's Birthplace Annapolis Md					
Name of person giving Information R. E. L. Hopkins		How related to deceased Father					

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	Killed at Railroad crossing	How long Sudden
Immediate	—	How long —
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. E. Gaves
Yes		Address Putney Md
Accident or Suicide?		



Name  
in  
Full

William F. of Kins

629  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		near <u>Washington</u> <sup>Town</sup>		County <u>Carroll</u>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Oct.	17	17	2	4	
Sex	<u>Male</u>			Color or Race	<u>Colored</u>		
Occupation	<u>Laborer</u>			Birth-place	<u>Maryland</u>		
Where Residing If not at place of death				<u>head</u>			
Married, Single or Widowed	<u>Widower</u>			Name of Wife or Husband			
Father's Name	<u>Don't know</u>			Father's Birthplace			
Mother's Maiden Name	<u>Don't know</u>			Mother's Birthplace			
Name of person giving Information	<u>Nelson Humbert</u>			How related to deceased <u>Friend</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Heart Disease</u>	How long	<u>79</u>
Immediate	<u>Heart</u>	How long	<u>5 minuts</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John S. Mathis</u>	
Accident or Suicide		Address <u>Christminster Md.</u>	

Westons Chapel Cemetery  
Stoner

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

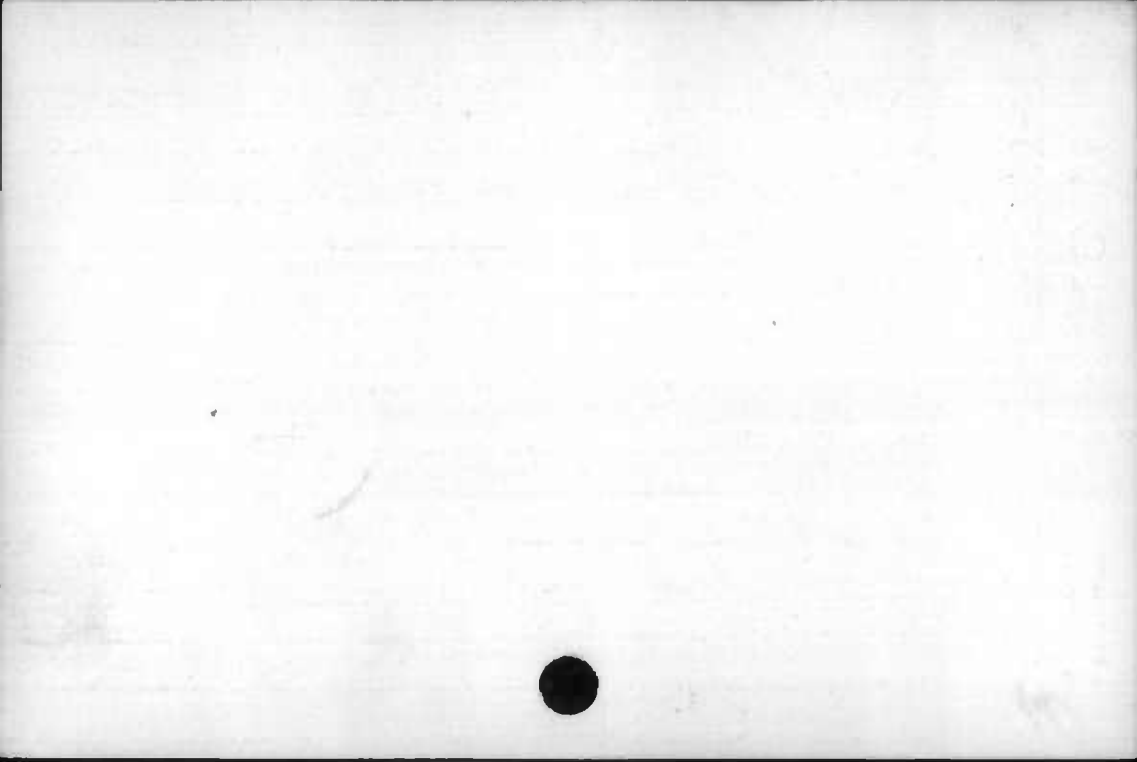
Name in Full <i>Martha I. Hyde</i>		Town <i>New Windsor</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>New Windsor</i>		Month <i>Oct</i>		Day <i>1</i>		Years <i>41</i>	
Date of death <i>1909 Oct 1</i>		Months <i>6</i>		Days <i>5</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>New Windsor</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ernie E. Hyde</i>					
Father's Name <i>John Miller</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Alice Piper</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Ernie E. Hyde</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

120 ✓

PHYSICIAN  
OR CORONER

Primary <i>Chronic Interst. nephritis</i>		How long <i>9 months</i>	
Immediate <i>Cardiac asthma &amp; Cong</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. J. E. Whitehall</i>	
		Address <i>New Windsor Ind</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Nancy Ann Jefferson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sykesville</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	<i>Oct.</i> <sup>Month</sup>	<i>9</i> <sup>Day</sup>	Age <i>77</i> <sup>Years</sup>	<i>77</i> <sup>Months</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ma</i>		
Occupation <i>None</i>	Where Residing if not at place of death		—		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>Hospital Records</i>	How related to deceased				

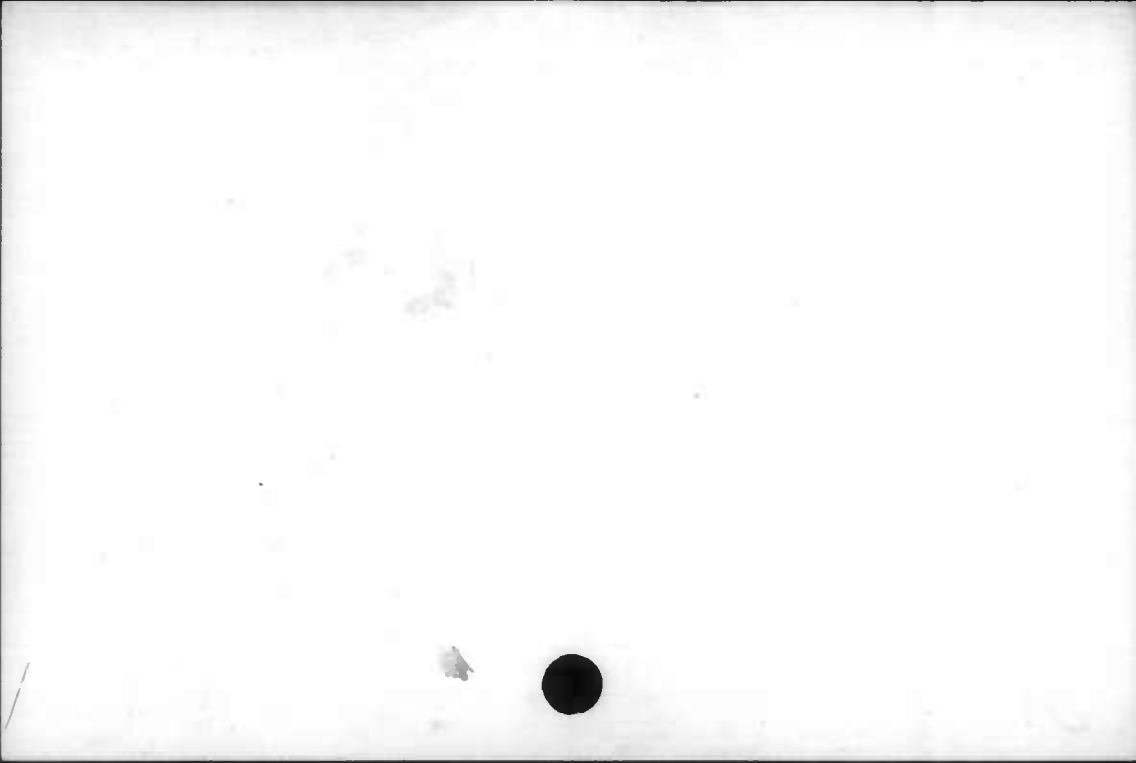
## CAUSES OF DEATH

154

✓

PHYSICIAN  
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>over 6 months</i>
Immediate <i>Exhaustion from Cardiac Syncope</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield Hospital Sykesville, Carroll Co. Md.</i>
Accident or Suicide <i>—</i>	





Name  
in  
Full

John William Lewis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

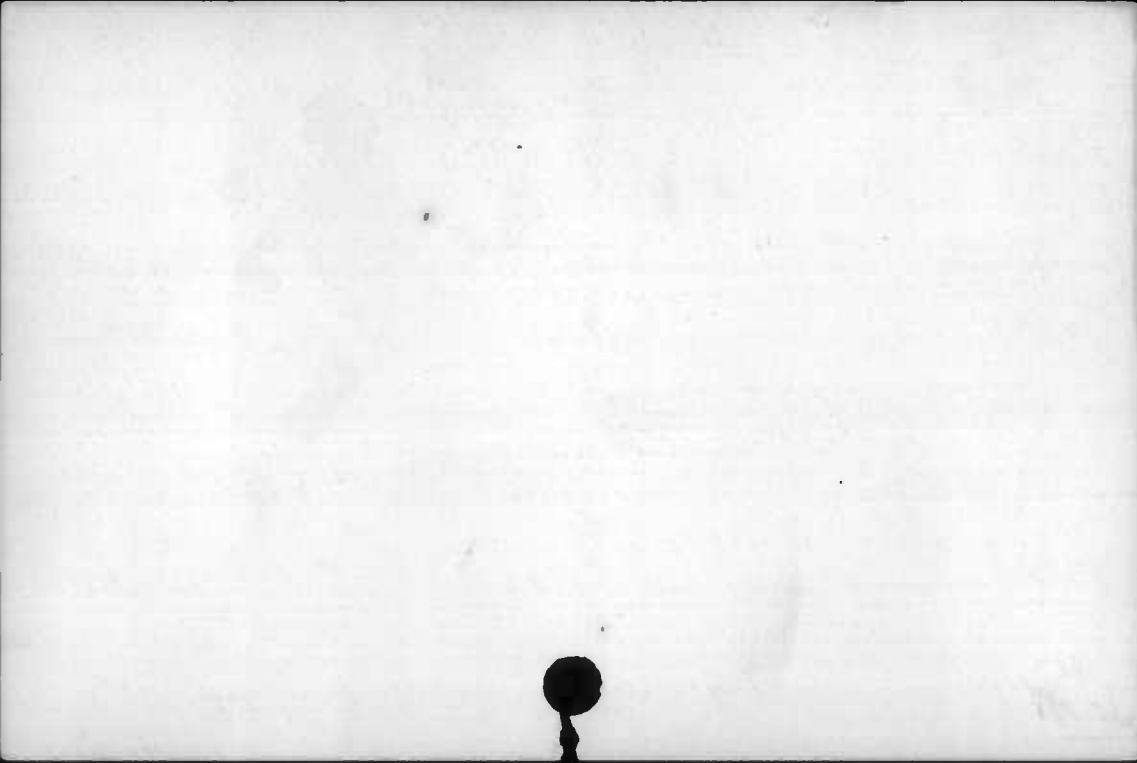
Died at <i>Day</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Oct.</i>	Day <i>12</i>	Age <i>65</i>	Years <i>11</i> Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Wetmore Co,</i>		
Occupation <i>Miller</i>	Where Residing if not at place of death <i>Day, Carroll Co,</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Martha N Lewis</i>				
Father's Name <i>Harvard T Lewis</i>	Father's Birthplace <i>Frederick Co</i>				
Mother's Maiden Name <i>Lydia E. Purdon</i>	Mother's Birthplace <i>Wetmore Co,</i>				
Name of person giving information <i>Martha N Lewis</i>	How related to deceased <i>wife</i>				

## CAUSES OF DEATH

69

PHYSICIAN  
OR CORONER

Primary <i>Epilepsy</i>	How long <i>10 yrs.</i>
Immediate <i>Convulsions</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E D Camk</i>
	Address <i>Winfield Carroll Co,</i>
Accident or Suicide? <i>Poplar Spring Cemetery</i>	



Name  
in  
Full

Barbara B. Lord

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sykesville</i>		Town		<i>Carroll</i>		County	
Date of death <i>1909</i>		Month <i>Oct.</i>		Day <i>21<sup>st</sup></i>		Years <i>40</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ida</i>		Months	
Occupation <i>Housewife</i>		Where Residing if not at place of death				Days	
Married, <del>Single</del> <i>married</i>		Name of <del>Wife or</del> Husband <i>Edmund E. Lord</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Hospital Records</i>		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>17 days</i>
Immediate <i>Exhaustion from Toxemia</i>	How long <i>about 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Norfolk Morris M. D.</i>
	Address <i>Springfield Hospital, Sykesville, Md.</i>
Accident or Suicide <i>-</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

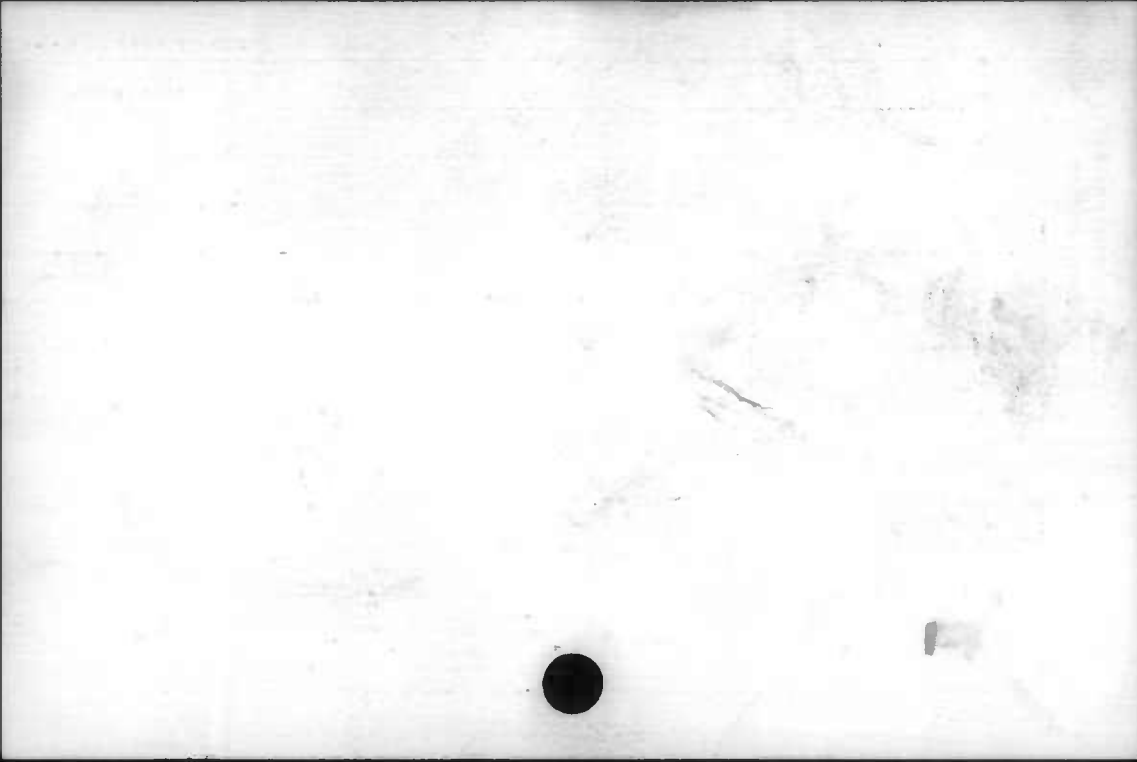
TO BE ANSWERED BY  
NEAREST FRIEND

Name *J. Lowery Martin* Town *Springfield State Hosp* County *Carroll* MARYLAND  
Died at  
Date of death *1909 Oct 9* Month *Oct* Day *9* Age *Unknown* Years Months Days  
Sex *Male* Color or Race *White* Birth-place *Ind.*  
Occupation *Farmer* Where Residing if not at place of death  
Married, Single or Widowed *Single* Name of Wife or Husband  
Father's Name *Unknown* Father's Birthplace *Unknown*  
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*  
Name of person giving Information *Hosp records* How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Opium Habit* How long *Unknown*  
Immediate *Cerebral Congestion* How long *3 days*  
Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *S. H. Lively*  
Address *Springfield State Hosp  
Sykesville, Ind.*  
Accident or Suicide



Name  
in  
Full

William R. Mitchell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

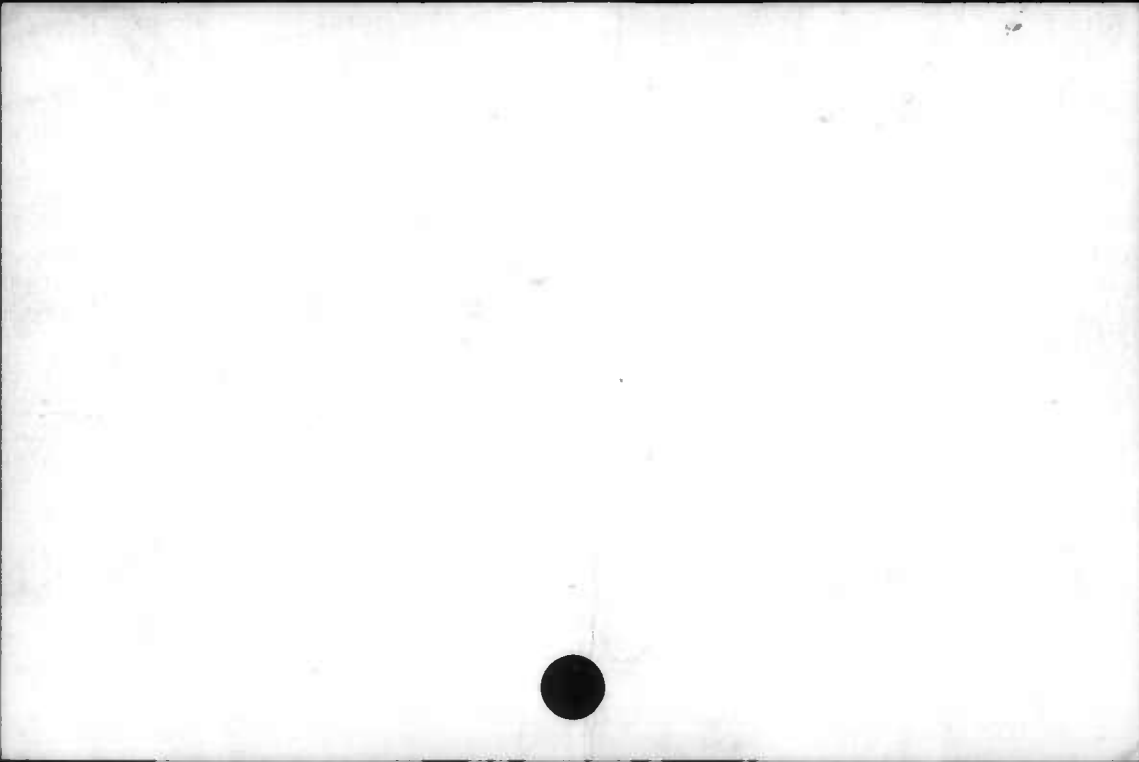
Died at *Springfield Hosp.* Town *Carroll* County  
 Date of death *1909 Oct. 5<sup>th</sup>* Month *5<sup>th</sup>* Day *65* Years *65* Months Days  
 Sex *M* Color or Race *White* Birth-place *Md.*  
 Occupation *Commissioner Merchant* Where Residing if not at place of death  
 Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*  
 Father's Name *George Mitchell* Father's Birthplace *Md*  
 Mother's Maiden Name *Unknown* Mother's Birthplace *"*  
 Name of person giving Information *Hospital records* How related to deceased

## CAUSES OF DEATH

(64) ✓

PHYSICIAN  
OR CORONER

Primary *General Paralysis* How long *about 2 year*  
*Central congestion* How long *6 days*  
 Immediate  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas. J. Carley*  
 Address *Lytleville Md.*  
 Accident or Suicide *No*





Name  
in  
Full

Lyman C. Olds

## CERTIFICATE OF DEATH

Died at Springfield State Hosp Carroll County  
Month Day Years  
1909 Oct 21<sup>st</sup> Age 80

MARYLAND

Date of death 1909 Oct 21<sup>st</sup> Age 80Sex Male Color or Race White Birth-place T. Y.Occupation Physician Where Residing if not at place of deathMarried, Single or Widowed Married Name of Wife or Husband UnknownFather's Name Isa M. OldsFather's Birthplace UnknownMother's Maiden Name Phoebe YoungMother's Birthplace UnknownName of person giving Information Hosp. records

How related to deceased

## CAUSES OF DEATH

Primary Senile DementiaHow long about 2 yrs.Immediate ExhaustionHow long Progressive

Are the name, age, sex, color, date and place correctly given above?

yes

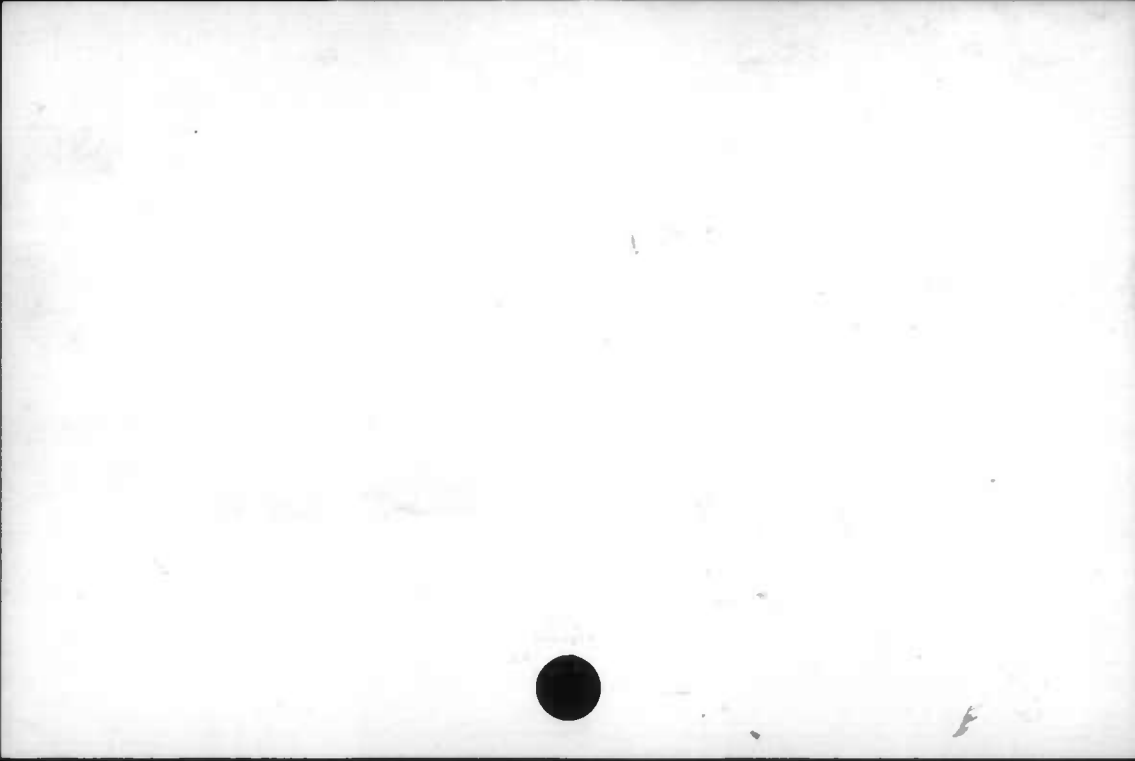
Signature of Physician

Address

E. H. Snively  
Springfield State Hosp  
Lykesville, Md.

Accident or Suicide

NoTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Matilda Ott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Barney* Town *Carroll* County **MARYLAND**

Date of death 1909 *Oct* Month *27* Day Age *80* Years *10* Months *24* Days

Sex *Female* Color or Race *White* Birth-place *Adams Co Pa*

Occupation *Housewife* Where Residing if not at place of death

~~Married, Single~~ *Widowed* Name of ~~Wife or~~ *Samuel Ott* Husband

Father's Name *Beem* Father's Birthplace *Unknown*

Mother's Maiden Name *Jeagy* Mother's Birthplace *Unknown*

Name of person giving Information *Mc Clehen Ott* How related to deceased *Son*

CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

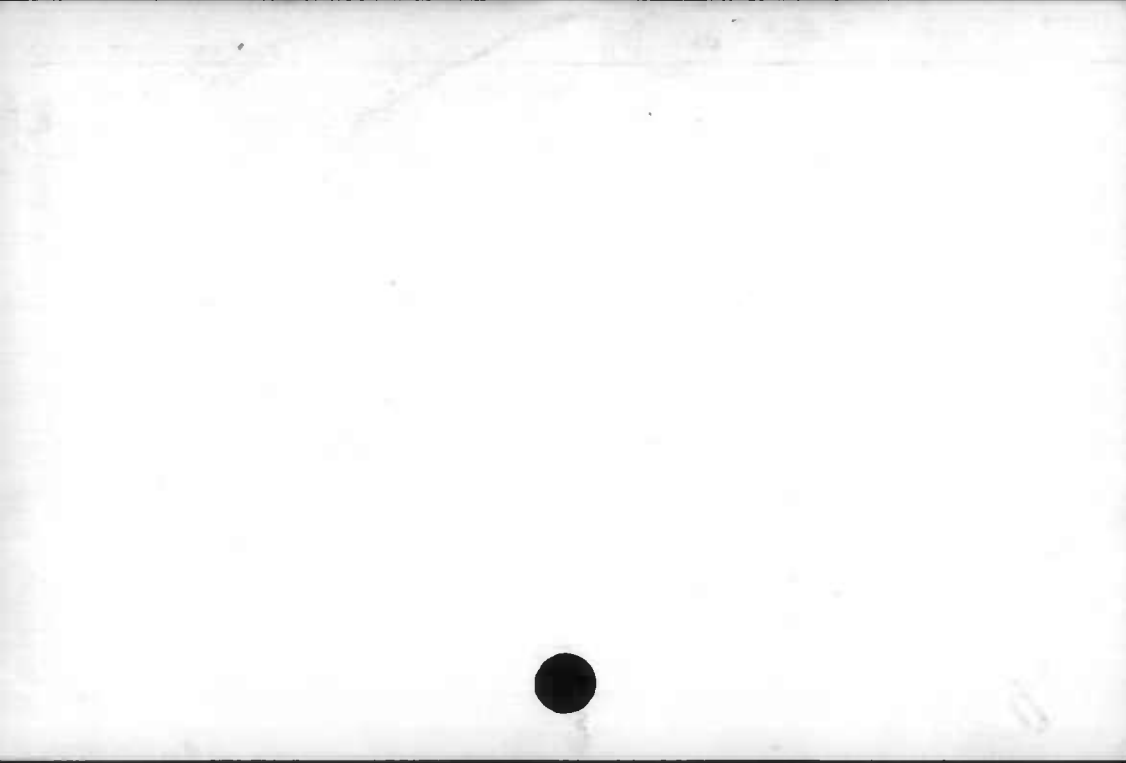
Primary *Myocardial Insufficiency* How long *unknown*

Immediate *Cerebral Paralysis* How long *15 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *L. Bernice* Address *Fancy town*

Accident or Suicide *No*



Name  
in  
Full

Manerva E. Pickett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Woodbine* <sup>County</sup> *Carroll* **MARYLAND**

Date of death *1909* <sup>Month</sup> *10* <sup>Day</sup> *16* <sup>Years</sup> *66* <sup>Months</sup> *8* <sup>Days</sup> *26*

Sex *Female* Color or Race *White* Birth-place *Woodbine*

Occupation *Retired* Where Residing if not at place of death *Woodbine*

Married, Single or Widowed *Single* Name of Wife or Husband *Not Any*

Father's Name *Winchester Pickett* Father's Birthplace *Carroll*

Mother's Maiden Name *Jerusa Gillies* Mother's Birthplace *Carroll*

Name of person giving information *Luther Pickett* How related to deceased *Brother*

## CAUSES OF DEATH

(40)

PHYSICIAN  
OR CORONER

Primary *Carcinoma of Liver* How long *Two yrs.*

Immediate " " How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

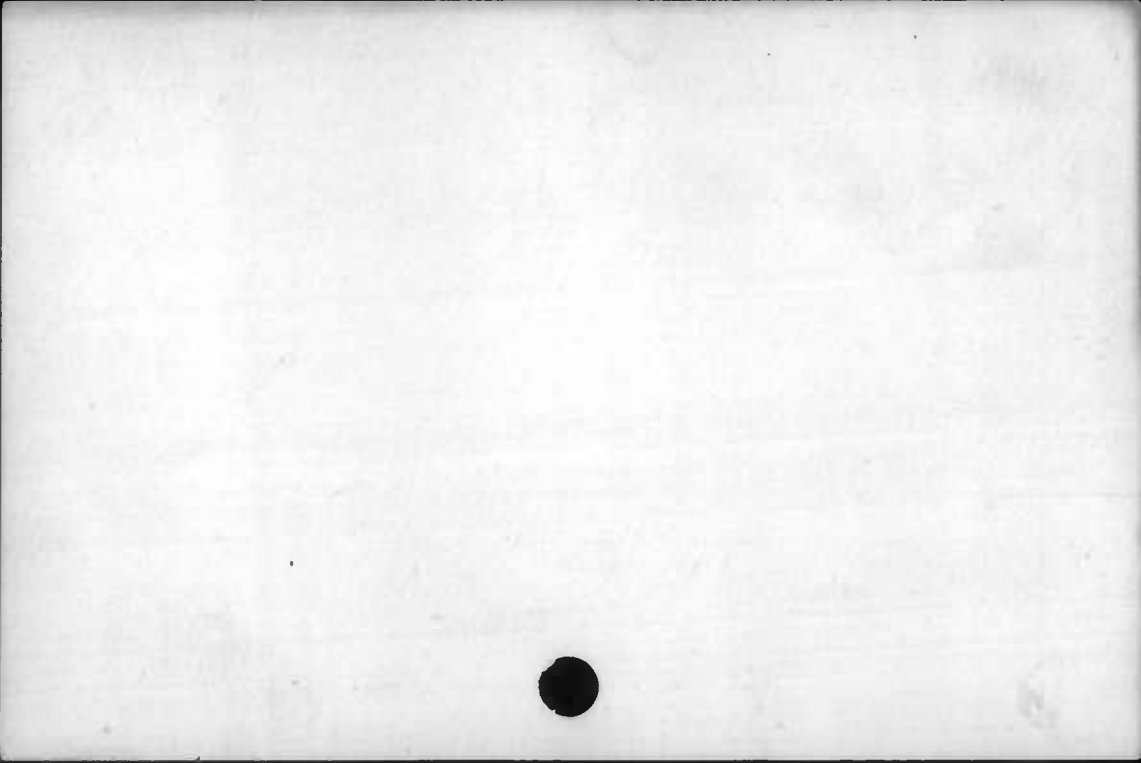
Signature of Physician

*E D Grant*

Address

*Winfield  
Carroll Co., Md.*

Accident or Suicide?



Name  
in  
Full

Martha Edith Polster

532  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Shirley</u> Town		County <u>Carroll</u>		MARYLAND	
Date of death	<u>1909</u>	Month <u>Oct</u>	Day <u>20</u>	Age <u>15</u> Years	Months <u>9</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John A Polster</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Annie A Blazars</u>			Mother's Birthplace <u>Id</u>		
Name of person giving information <u>John A Polster</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>6 months</u>
Immediate	<u>Gastritis</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Georgia D. Gibson</u>	
		Address <u>Westminster</u>	
Accident or Suicide?			

Shaver  
Doeer Park Chapel



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

David D. Price

Town

County

MARYLAND

Died at

Springfield State Hosp Carroll

Date

Month

Day

Years

Months

Days

of death

1909 Oct

17

Age

52

Sex

Male

Color or  
Race

White

Birth-  
place

Pa.

Occupation

Architectural Draughtsman

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Unknown

Father's  
Name

William H. Price

Father's  
Birthplace

Pa.

Mother's  
Maiden Name

Hannah Setweiler

Mother's  
Birthplace

Pa.

Name of person giving  
Information

Hospital records

How related  
to deceased

## CAUSES OF DEATH

Primary

X X X C

How long

Immediate

Hanging

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

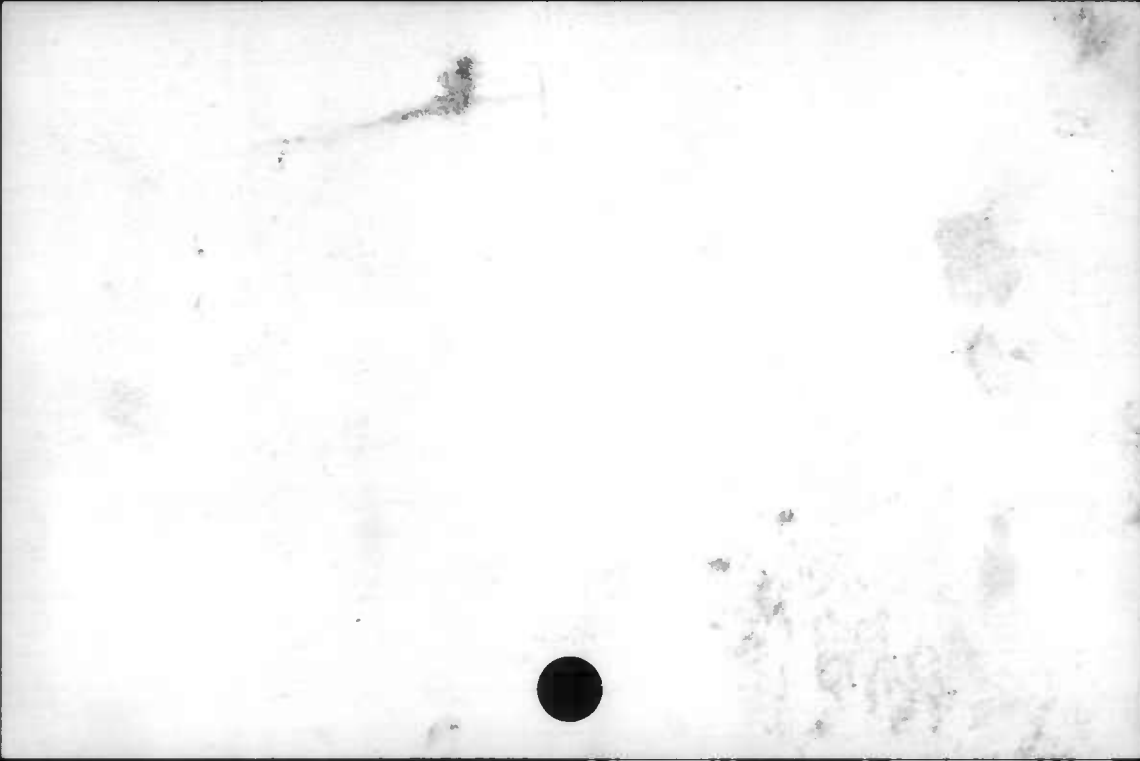
Signature of  
Physician

Address

Harry F. Leavelle  
Coroner

Accident or Suicide

Suicide



Name  
in  
Full

Elizabeth-Price

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hampstead <sup>Town</sup> Carroll <sup>County</sup> MARYLAND

Date of death 1909 <sup>Month</sup> 10 <sup>Day</sup> 2 Age 83 <sup>Years</sup> 11 <sup>Months</sup> 28 <sup>Days</sup>

Sex Female Color or Race White Birthplace Penn.

Occupation Housewife Where Residing if not at place of death Same

Married, Single or Widowed Married Name of ~~Wife~~ <sup>Husband</sup> Amos C. Price.

Father's Name George Myers. Father's Birthplace Penn.

Mother's Maiden Name Elizabeth Fisher Mother's Birthplace Pa

Name of person giving Information Mrs F. L. Harris How related to deceased Daughter

## CAUSES OF DEATH

Primary Bronchitis 90

Immediate Heart Failure 1 wk.

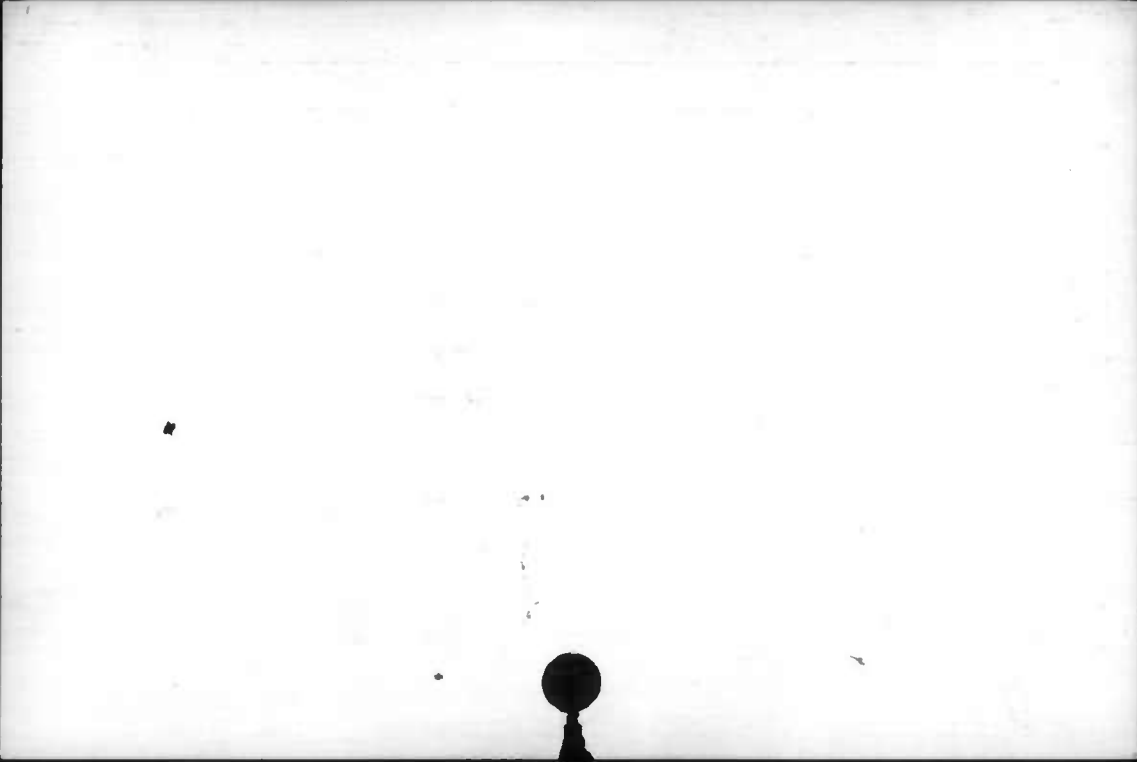
Are the name, age, sex, color, date and place correctly given above? Yes 24 hrs

Signature of Physician Edgar M. Bush, M.D.

Address Hampstead, Md.

Accident or Suicide X

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Mar Eldersburg Carroll County

MARYLAND

Date

of death

1909 Oct

Month

Day

Age

Years

44

Months

Not Known

Days

Not Known

Sex

Female

Color or  
Race

African

Birth-  
place

Carroll Co

Occupation

Housewife

Where Residing if not  
at place of death

At home

Married, ~~Single~~  
or WidowedName of Wife or  
Husband

Joshua Savory

Father's  
Name

James H. Miner

Father's  
Birthplace

Not Known

Mother's  
Maiden Name

Matilda - Not Known

Mother's  
Birthplace

Carroll Co

Name of person giving  
Information

Husband Josh Savory

How related  
to deceased

Husband

## CAUSES OF DEATH.

47

Primary

Inflammatory Rheumatism

How long

About 1 wk

Immediate

Inflammation Heart

How long

Several days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

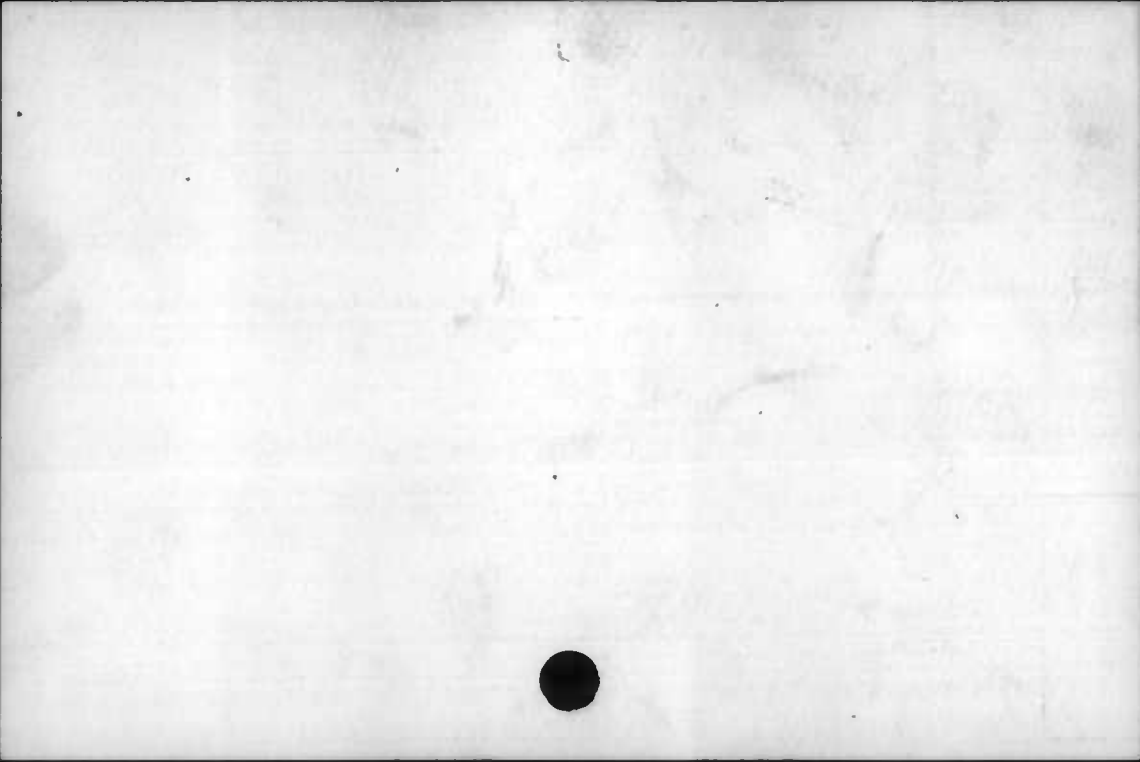
Signature of  
Physician

C. W. H. H. H. H. H.

Address

Sykesville Md

Accident or Suicide?



Name  
in  
Full

Maria O. Server

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Springfield Hospital -* Town *Parree* County *MARYLAND*

Date of death *1909* Month *October* Day *10<sup>th</sup>* Age *65* Years Months *-* Days *-*

Sex *Female* Color or Race *White* Birth-place *Balto. Md.*

Occupation *None* Where Residing if not at place of death *-*

Married, Single or Widowed *Widow* Name of ~~Wife~~ Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Md.*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Hospital records* How related to deceased *Unknown*

## CAUSES OF DEATH

Primary *General Paralysis* How long *2 yr.*

Immediate *Cerebral Congestion* How long *10 hrs.*

Are the name, age, sex, color, date and place correctly given above? *To best*

Signature of Physician

Address

*W. Henry Fisher M.D.*  
*Sykesville*  
*Md.*

*I of my knowledge.*

Accident or Suicide *No.*





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Oscar F. Simmons</b>		Town <b>Snijdersburg</b>		County <b>Canroll</b>		MARYLAND	
Died at		Date of death <b>1909 Oct. 17</b>		Age <b>24</b>		Months <b>22</b> Days	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Canroll Co., Ind</b>			
Occupation <b>Farmer</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband					
Father's Name <b>John N. Simmons</b>				Father's Birthplace <b>Canroll Co.</b>			
Mother's Maiden Name <b>Alice A. Spencer</b>				Mother's Birthplace <b>Canroll Co</b>			
Name of person giving information <b>Susie M. Simmons</b>				How related to deceased <b>Wife</b>			

## CAUSES OF DEATH

Primary <b>Typhoid Fever</b>	How long <b>2 weeks</b>
Immediate <b>General weakness</b>	How long <b>3 hrs</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>R. F. Richards</b>
	Address <b>Lumpkin Ind</b>
Accident or Suicide?	

PHYSICIAN  
OR CORONER

121

Name  
in  
Full

William Elsworth Storpe

631

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Westminster <sup>County</sup> Carroll MARYLAND

Date of death 190 <sup>Month</sup> 9, <sup>Day</sup> Oct <sup>Age</sup> 18 <sup>Years</sup> <sup>Months</sup> 10 <sup>Days</sup>

Sex <sup>Male</sup> Color or Race <sup>White</sup> Birth-place <sup>Maryland</sup>

Occupation <sup>-</sup> Where Residing if not at place of death

Married, Single or Widowed <sup>single</sup> Name of Wife or Husband

Father's Name <sup>William Storpe</sup> Father's Birthplace <sup>Maryland</sup>

Mother's Maiden Name <sup>Alice Smith</sup> Mother's Birthplace <sup>Maryland</sup>

Name of person giving Information <sup>Alice Smith</sup> How related to deceased <sup>Mother</sup>

CAUSES OF DEATH

85

PHYSICIAN  
OR CORONER

Primary <sup>Purpura Hemorrhagica</sup> <sup>How long</sup> 3 weeks

Immediate <sup>Internal Hemorrhage</sup> <sup>How long</sup> 12 hours

Are the name, age, sex, color, date and place correctly given above? <sup>yes</sup>

Signature of Physician <sup>Chas R. Tontz</sup> Address <sup>Westminster Md</sup>

Accident or Suicide <sup>-</sup>

Smith to Burg Cemetery  
Stones

Name  
in  
Full

Albert H Stern

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Louisville <sup>County</sup> Carroll MARYLAND

Date of death 1909 <sup>Month</sup> Oct <sup>Day</sup> 30 Age <sup>Years</sup> 00 <sup>Months</sup> 1 <sup>Days</sup> 10

Sex Male Color or Race White Birth-place Louisville

Occupation Non Where Residing if not at place of death at Louisville

Married, Single or Widowed X Name of Wife or Husband X

Father's Name Walter A Stern Father's Birthplace Sandyville

Mother's Maiden Name Stella Jn Edmonson Mother's Birthplace Gambier

Name of person giving Information Walter A Stern How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary congestion of lungs

Immediste

Are the name, age, sex, color, date and place correctly given above?

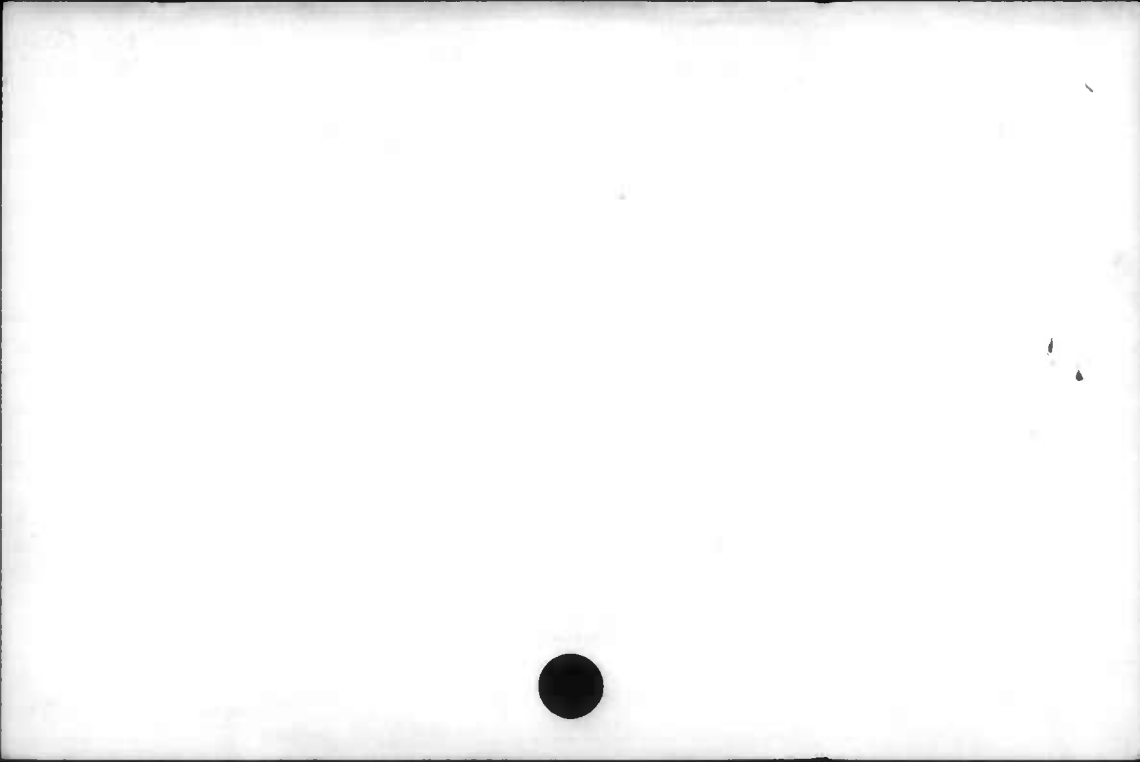
yes

Signature of Physician

Address

R. A. Wells  
Gambier

Accident or Suicide



Name  
in  
Full533 533  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIENDElba Lee Stocksdale  
Town

County

MARYLAND

Died at Sandysville

Canoe

Date

of death 1909

Month

Oct

Day

30

Age

40

Years

Months

4

Days

13

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

House Wife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

North. M. Stocksdale

Father's  
Name

Joshua Lee

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mary Nicholas

Mother's  
Birthplace

do

Name of person giving  
Information

North M. Stocksdale

How related  
to deceased

Husband

## CAUSES OF DEATH

27

✓

Primary

Consumption

How long

15 Years

Immediate

Heart Failure

How long

A few hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Jas. H. Billingslea M.D.  
Westminster Md.

Accident or Suicide

No -

PHYSICIAN  
OR CORONER

Sandy Mount  
Shance



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

J. Michael Valz

Died at *Springfield Hospital*County *Carrall*

MARYLAND

Date of death 1909 *Oct* *2*Age *46*

Months

Days

Sex *male*Color or  
Race*White*Birth-  
place*Md*

Occupation

*Painter*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Amelia Valz*Father's  
Name*Unknown*Father's  
Birthplace*Unknown*Mother's  
Maiden Name*"*Mother's  
Birthplace*"*Name of person giving  
Information*Hospital records*How related  
to deceased

## CAUSES OF DEATH

Primary

*Alcoholic dementia*

How long

*5 years*

Immediate

*Bronchial Asthma & heart disease*

How long

*1 day*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

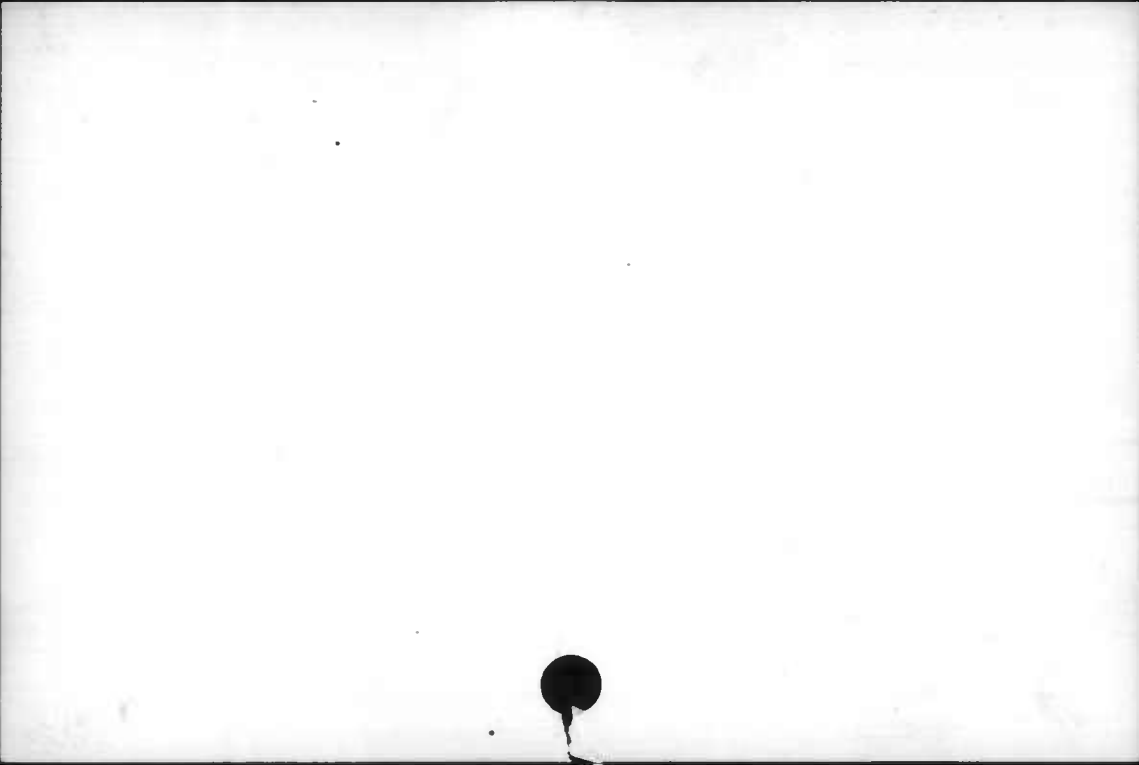
*Charles J. Carley**Sylkesville Md*

Accident or Suicide

*No*PHYSICIAN  
OR CORONER

79

✓



Name  
in  
Full

Mary A. Wagoner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

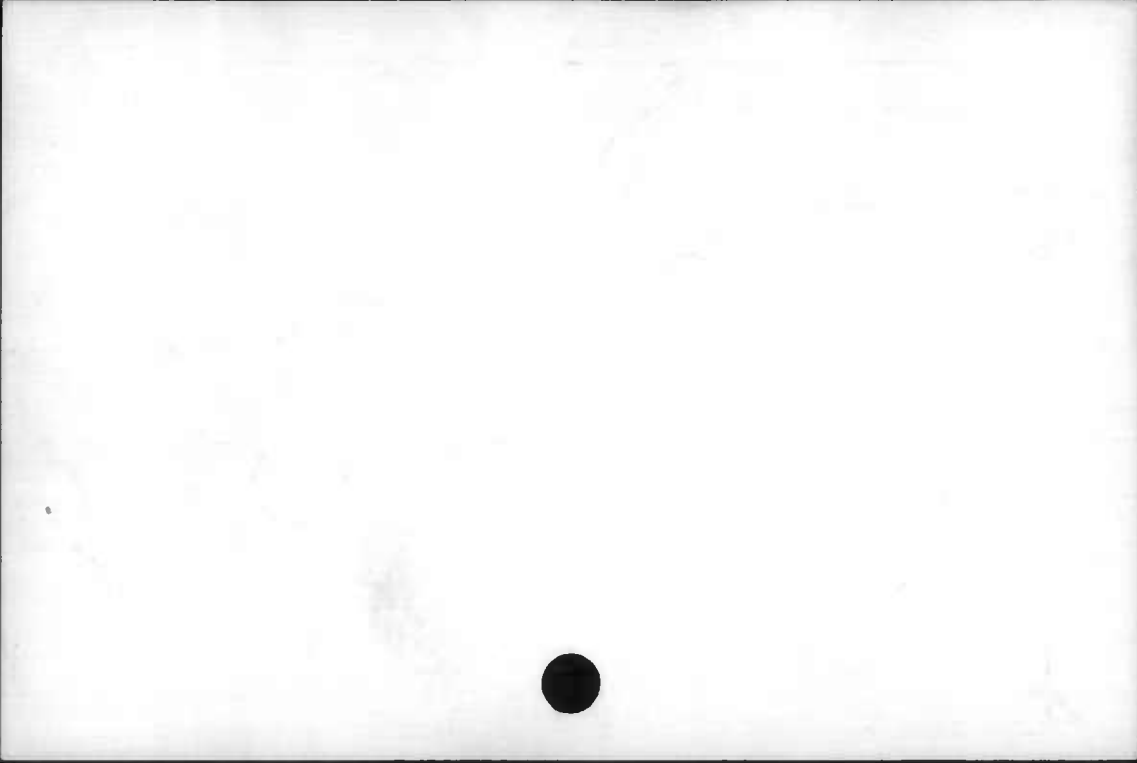
Died at <i>Sykesville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1909 Oct.</i> <small>Month</small>		<i>8<sup>th</sup></i> <small>Day</small>		<i>79</i> <small>Age</small>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa.</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>(Unknown) Wagoner</i>			
Father's Name <i>Jacob Blubaugh</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mary (Unknown)</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving Information <i>Milton H. Wagoner</i>		How related to deceased <i>Son.</i>			

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>3 yrs.</i>
Immediate <i>Colitis &amp; Exhaustion</i>	How long <i>about 17 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield Hospital, Sykesville, Carroll, Md.</i>
Accident or Suicide <i>-</i>	



Name  
in  
Full

Elizabeth Ann. Ward

523  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Near Gaumber* *Carroll* County  
Date of death 1909 Oct 2 Age 87 Months 11 Days 18  
Sex *Female* Color or Race *White* Birth-place *Maryland*  
Occupation *House Wife* Where Residing if not at place of death \_\_\_\_\_  
Married, Single or Widowed *Widow* Name of Wife or Husband *Joseph Ward*  
Father's Name *John. Lockard* Father's Birthplace *Maryland*  
Mother's Maiden Name *Elizabeth Beaver* Mother's Birthplace *do*  
Name of person giving Information *Joseph F Ward* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Senility* *154* How long *Several years*  
Immediate *Exhaustion* How long \_\_\_\_\_  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas. R. Foutz. M.D.*  
Address *Washington Md.*  
Accident or Suicide *no*

Harver  
Dandy Howell -

Name  
in  
Full

Lewis Wilson

525

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Westminster <sup>County</sup> Carroll MARYLAND

Date of death 1909 Oct 8 <sup>about</sup> Years 50 <sup>Months</sup> <sup>Days</sup>

Sex male Color or Race colored Birth-place Maryland

Occupation Laborer Where Residing if not at place of death County Home

Married, Single or Widowed single Name of Wife or Husband none

Father's Name Josiah Wilson Father's Birthplace Maryland

Mother's Maiden Name Elvira Know Mother's Birthplace ~~Delaware~~

Name of person giving Information Joseph Wilcox How related to deceased Friend

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Chagray How long 6 1/2 year

Immediate Heart How long 18 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician John S. Mathias

Address Westminster Md

Accident or Suicide

Elsworth Cemetery  
Dover



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *William Jefferson Wilson*  
Town *Springfield* County *Carroll*

MARYLAND

Died at *Springfield State Hosp*  
Date of death *1909 Oct 17* Age *52*  
Month Day Years Months DaysSex *Male* Color or Race *White* Birth-place *Va.*Occupation *Clerk* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Hamilton Wilson*Father's Birthplace *Virginia*Mother's Maiden Name *Josephine Armstrong*Mother's Birthplace *Virginia*Name of person giving Information *Hospital Records*

How related to deceased

## CAUSES OF DEATH

Primary *General Paralysis*Immediate *Cerebral Congestion*Are the name, age, sex, color, date and place correctly given above? *yes*

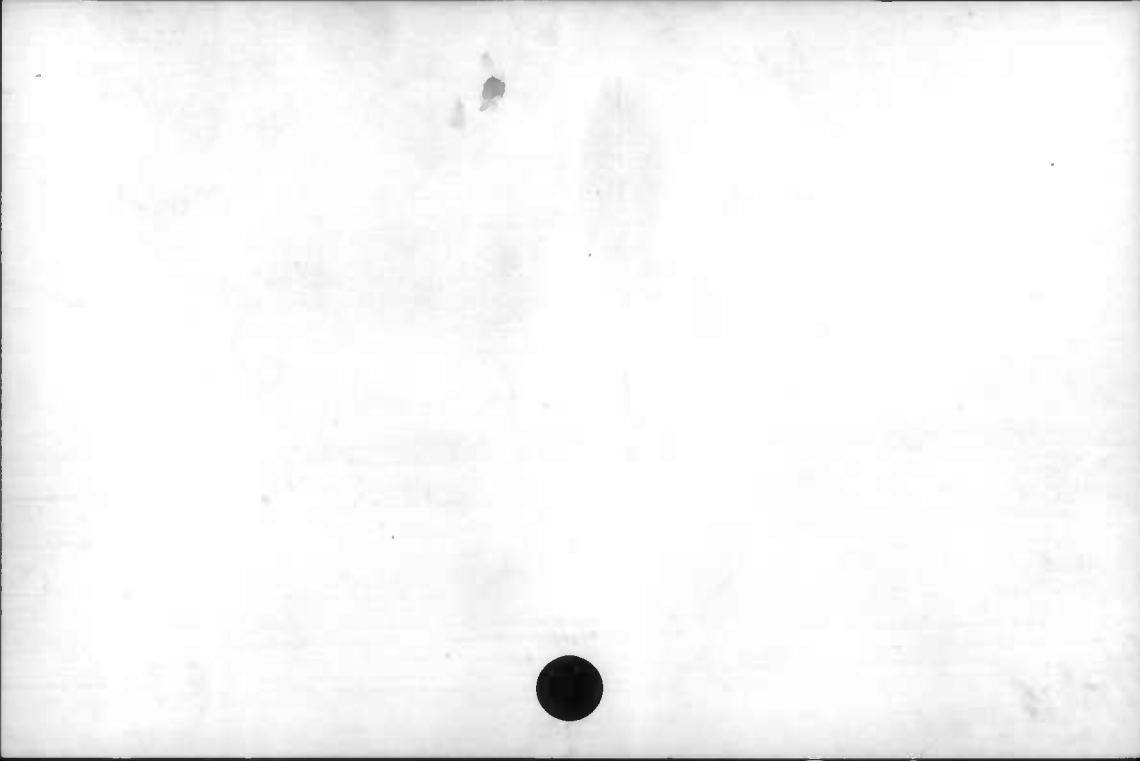
Signature of Physician

Address

*S. H. Snively*  
*Springfield State Hosp*  
*Lylesville, Md.*Accident or Suicide *No.*PHYSICIAN  
OR CORONER*64*  
How long*3 years*

How long

*4 days*



Name  
in  
Full

Mary A. Vincent

524

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>9</i>	Month <i>Oct</i>	Day <i>7</i>	Age <i>62</i>	Months <i>3</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Germany</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>home</i>				
Married, Single or Widowed <i>widow</i>	Name of <del>Wife or</del> Husband <i>Samuel Vincent</i>				
Father's Name <i>John Harner</i>	Fether's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Hannah Bartel</i>	Mothar's Birthplace <i>Germany</i>				
Name of person giving Information <i>Walter C. Vincent</i>	How related to deceased <i>son</i>				

## CAUSES OF DEATH

18

PHYSICIAN  
OR CORONER

Primary <i>Acute Facial Erysipelas</i>	How long <i>3 days</i>
Immediate <i>Shock - Heart Failure</i>	How long <i>6 hours -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Luther Barr</i>
	Address <i>Westminster, Md.</i>
Accident or Suicida	

St Benjaminus Ceme  
Stoner.

Name  
in  
Full

Samuel Jungling

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Manchester		Carroll					
Date of death	1909	Month	Oct-	Day	3	Age	88
Sex	Male	Color or Race	White	Birth-place	Baltimore Co Md	Months	28
Occupation	Farmer		Where Residing if not at place of death		Manchester		
Married, Single or Widowed	widowed		Name of Wife or Husband		Julia Ann Jungling		
Father's Name	David Jungling		Father's Birthplace		Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace		Unknown		
Name of person giving Information	Edward Weaver		How related to deceased		Son in law		

CAUSES OF DEATH

Primary	Prostatitis	How long	125 ✓ 4 weeks
Immediate		How long	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J H Sherman M.D.  
Manchester  
Md

Accident or Suicide

